

ABSTRACT

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A STUDY OF THE EFFECTS OF DEPARTMENTAL SUPPORT
AND SELF PERCEPTION ON THE ADVOCACY ROLE
OF HOSPITAL SOCIAL WORKERS

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The objective of this study is to explore the extent to which hospital social workers engage in advocacy activities, and the degree to which they feel supported by their departments to advocate on behalf of clients. To obtain this objective, the following areas on hospital social workers will be addressed: (a) work experience, (b) time spent on social work functions and (c) the degree to which encouragement is provided by the department for advocacy. An anonymous questionnaire was administered to twenty six social workers from the Atlanta VA Medical Center located in Decatur, Georgia.

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OF HOSPITAL SOCIAL WORKERS

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
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BY

CHINITA MARNAE WHITAKER

SCHOOL OF SOCIAL WORK

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CHAPTER 1

INTRODUCTION AND STATEMENT OF THE PROBLEM

Advocacy is an integral part of the philosophy and practice of the social work profession. Within social work literature, references are made to advocacy as a valid role. However, for many practitioners, and in many practice settings, the concept of advocacy is honored more in rhetoric, than in practice.¹ Hospital social workers accord to a number of persons simultaneously: patients and their families, hospital administrators and non-professional staff, as well as, other professionals in the treatment team. Keeping a balance between clinical practice, organizational priorities and advocating can be a formidable task, when trying to communicate to an audience of administrators who are bound by financial and regularity constraints.

The essence of social work can be seen as clinical assistance to people faced with the task of reconstructing their environment, which will reinforce a sense of being real, and significant to one's self and others. Hospital social workers have the task of assisting clients in "putting their lives back together," taking into account the unwanted realities of illness, disability and hospitalization.

To aid in advocating for clients, hospital social workers need to develop interest and skills in hospital politics. Turbulent health care systems, combined with unique organizational attributes of health care organizations, create working environments where political skills are essential to achieve social work goals and objectives. Organizational

¹Patti, R.J., and Resnick, H. "Changing the Agency from Within." Social Work July 1972: 48-57.

politics can be an exciting, yet challenging aspect of social work practice in hospitals. To be effective clinicians and administrators, hospital social workers need to add refined political skills to their clinical and management skills. These are necessary tools for effective practice in today's health care environment.

For patients and their families in the context of a medical setting, the challenge to find within themselves and each other the capacity to create a new environment of meaning is framed as the "Task of Healing," and is defined as the patient's and the family's part in the healing process.² This frame assists in empowering the patient and the family, as well as, orienting them towards defining areas of work with the social worker. Assisting patients and their families in their efforts to reconstruct their lives, puts medical social workers at the heart of the treatment process. The social worker coordinates all the resources that may be available to a client, and this also incorporates advocating for the client.

The need for advocacy on behalf of vulnerable patients has become more apparent as hospitals increasingly emphasize early discharge. For many patients, support systems in the community are few or non-existent and access to acute care hospitals or extended care facilities is increasingly difficult. It is generally the hospital social worker of the multi disciplinary team, who has the broadest view of patients in their social environment, and the awareness of both potential support and gaps in service within the community. It is also the social worker's ecological-based educational preparation that includes an

²Donnelly, James P. "A Frame for Defining Social Work in a Hospital Setting." Social Work in Health Care 18 no. 1 1992.

advocacy orientation and commitment.

Hospital social workers may resist treading into the political realm because of a perception that power is "bad" and seeking alliances with the powerful, brands one's motives as suspect. This stance may not appear useful, for there are advantages to acquiring advocacy skills. The power of advocating gives a competitive advantage in obtaining resources necessary to accomplish identified goals and objectives. The payoff for advocating is that one is better able to influence change to achieve clinical, administrative and professional social work goals. This process begins with understanding the sources of social work advocacy within the health care organization.

The longevity of the social worker's involvement in the health care industry affirms the existence of some power base for advocating for the client. Many see power as synonymous with position; that of a director or supervisor. Power is then perceived as flowing from the top down and being formally established in the organizational structure. This linear perspective on power may contribute to the view of the potential sources of advocacy within the medical setting. Power is not linear, but relative and dynamic. The director of social work within a medical facility has power within the social work department. When testifying before the state legislature on health care policy, a social work director may carry influence into the legislative arena based on the power of his or her credibility or expertise associated with the director's position. Individuals within an organization can acquire some degree of power, regardless of their location in the hierarchal structure. Hospital social workers who provide clinical services have great power to influence decision making around patient care, even though they may not have

the ultimate authority. Social workers have a voice to advocate issues relevant to their client's needs. The support received from social work departments to advocate for issues may be influential in assisting practitioners to take a larger stand.

Significance of the Study

This study is significant because it will provide an understanding of the relationship between departmental support and self perception on the advocacy role of hospital social workers. It will provide social work directors information to show how support received from the department can influence practitioners to advocate for issues and resources that would be beneficial to clients. This study will also serve to demonstrate how a group of hospital social workers perceive their workplace in reference to advocating fully for clients.

This study surveys the perception of hospital social workers who are in direct contact with providing services to clients to enhance their level of functioning. Even though hospital social workers provide specific resources and adhere to direct policies, there are still issues that may need to be focused on and/or changed. Increasing departmental support can influence and enhance a hospital social worker advocating to the fullest extent for their client.

Purpose of Study

The purpose of this study is to examine the effects of departmental support and self perception on the advocacy role of hospital social workers at the Atlanta VA Medical Center.

CHAPTER 2

LITERATURE REVIEW

When Dr. Richard C. Cabot, chief of medicine at the Massachusetts General Hospital in Boston, decided in 1905 to employ a social worker in his clinic, he opened the door to a new approach in the provision of medical social services and laid the foundation for social service departments in hospitals.¹ The role of the social worker as conceived and implemented by Dr. Cabot was based upon his conclusions that a patient's personal difficulties might prove to be the cause rather than the result of his illness.²

The hospital social worker's responsibilities were: reporting to the doctor about domestic and social conditions of patients, assisting patients in complying with the doctor's orders and providing linkage between the hospital, community agencies and organizations. Dr. Cabot described the essence and center of social work, which he believed corresponded to diagnosis and treatment as the center of the group medical sciences, and as a study of character under adversity and of influences that mold it for good or ill. Cabot believed hospital social workers had a profound influence upon the hospital setting. The cooperation of the doctor and the social worker was only one form of teamwork that developed in a hospital once social work was established there. His perception was that it brought medical backgrounds and medical foregrounds into their proper unity. This combination assisted in helping medical and sociological minds to

¹Kathleen M. Shelvin, "Why A Social Service Department in a Hospital?" Hospital Social Work Practice (Praeger Publishers, 1983) 1-13.

²Ibid. 1.

exchange information and ideas for the benefit of the patient.

Hospital social workers must know and understand the health system in which they operate. They must know how to negotiate the system if they are to be effective in providing patient-related services, advocating for the client, as well as, collaborating as professional members of the interdisciplinary team. In earlier days, the hospital social worker depended on referrals, primarily from physicians, to provide direct services to patients and their families.

Today, hospital social services are broader and provided by the social worker as a peer member of the interdisciplinary treatment team. This team is composed of a variety of professionals, including physicians, nurses, physical and occupational therapist, rehabilitation counselors, psychologists, nutritionist, hearing and speech therapist, special educators and others depending upon the individual team and services provided. Hospital social services include direct casework services to patients and families, group therapy, family therapy, milieu therapy, program and policy planning and development, consultation, research, teaching, administration and leadership contributions. Not all services will exist in every social service department and some departments may be more heavily committed to some functions as opposed to others.

The history of the social work profession has in large been based on the premise of client advocacy. Although, putting this rhetoric into practice techniques has been underutilized in the past, the skills and knowledge amassed by the profession can be used to turn the social work role into a political instrument to gain assistance for those who are

in need.³

The Role of the Hospital Social Worker

Social work's primary difference from other mental health professions is its acceptance of responsibility to vulnerable people.⁴ The health care system is plagued by escalating cost; economic, social and geographic barriers to care; and the maldistribution to facilities and personnel.⁵ As long as these conditions exist, social workers will need to employ a broad array of services to help the vulnerable gain access to medical services. Consequently, hospital social workers must have a unified definition of their roles.

Social workers in various health settings perceive case coordination as their legitimate role. Within case coordination, practitioners lead patients in need of the multiple services of numerous organizations through the health care system. This function is critical, especially for patients with many problems who often view the system as a bewildering array of professions, organizations and specialty services, each demanding different information, schedules and regimens.⁶

Hospital social workers in hospitals have long had the uncomfortable sense that their role in direct services is misunderstood by other health care professionals, especially

³Abraham Lucie "The Social Work Advocacy Role in Discharge Planning" Social Work Administration in Health Care 5 (1980): 298-303.

⁴Phyllis Caroff, "Clinical Social Work: Present Role and Future Challenge" Social Work in Health Care 13 (1988): 21-33.

⁵Paul A. Wilson, "Expanding the Role of Social Workers in Coordination of Health Services" Social Work Administration in Health Care 281-291.

⁶Ibid. 282.

physicians.⁷ Discussions of this perceived role conflict have appeared in the social work literature since at least the mid-1950's.⁸ At the same time, several studies have been conducted to discern what differences, if any, exist between the views of social workers and other professional groups concerning the hospital social worker role.⁹ Several studies have been conducted to discern what differences, if any, exist between the views of social workers and other professional groups concerning the role of the hospital social worker.

Conclusions presented in these studies and in other discussions of the issue claim that hospital social workers expect their role to have more to do with counseling, psychotherapy, psychosocial problems or emotional and behavioral problems, than other health professional groups expect of this role.¹⁰ Thus, the overall pattern observed in previous studies lead researchers to theorize that because the social work profession takes the position that it's distinguishing focus is the person-in-environment, social workers generally expect their direct service role to be directed fairly and equally to both emotional and social-environmental problems; to both the primary client and his or her family; and to

⁷Lois Anne Cowles and Myron J. Lefcowitz, "Interdisciplinary Expectations of the Medical Social Worker in the Hospital Setting" Health and Social Work 17 (1992): 57-64.

⁸S. Bergman, N. Contro and N. Zivetz, "Clinical Social Work in a Medical Setting" Social Work in Health Care 9 (1984): 1-12.

⁹Z.H. Carrigan, "Social Workers in Medical Settings: Who defines us?" Social Work in Health Care 4 (1978): 149-163.

¹⁰*Ibid.* 58.

assessment, treatment, referral or resource-gathering activities as needed.¹¹

Although hospital social service has taken on broader horizons and developed into social work in health care, social service departments continue to have an important place in the hospital. Social service has become more sophisticated, better integrated and better geared to the more comprehensive field of health care, of which hospitals are an integral segment.¹²

From a social work perspective there is a basic philosophy upon which social services are provided in hospitals.¹³ This is an understanding that illness and hospitalization have special meanings for patients and their families.¹⁴ Social services are offered to the patient group for the treatment of social and emotional problems precipitating, prolonging and resulting from illness. All the forces within the hospital are concentrated on treatment and the ultimate return of health to the patient. However, the hospital social worker does not see patients in isolation, but rather perceives them in familial and societal roles and focuses on tying all these aspects together in the treatment plan.

Social workers can develop interest and skills in hospital politics by becoming alert to the potential power opportunities residing in the multiple sources of power that exist in

¹¹C. J. Coulton, "Person-Environment Fits as the Focus in Health Care" Social Work 26 (1981):26-35.

¹²Kathleen M. Shelvin, "Why A Social Service Department in a Hospital" Hospital Social Work Practice (Praeger Publishers 1983) 1-13.

¹³Ibid.8.

¹⁴Ibid.8.

every organization, including both individual and structural sources.¹⁵ While the knowledge of all sources of power within the hospital is an essential component of successful political activities, the achievement of political influence requires knowledge in three key areas: (1) the identification of one's own sources of power within an organization, (2) the ability to accurately diagnose the political environment of the organization; and (3) the effective use of power.¹⁶ Only then will social workers begin to believe in their power bases and engage in political behaviors which emanate from a trust in their potential to influence others.¹⁷

The Concept of Advocacy

Of the many services that help hospital social workers provide advocacy, according to Kutchins and Kutchins, is a component of social work practice that is not well understood. A basic misperception is that the social worker who provides and/or arranges services to a client is acting as an advocate.¹⁸ Service delivery is performed on behalf of an organization, which enables clients to access services that the agency provides. Advocacy, on the other hand, is a frankly partisan intervention on behalf of an individual or group, when available services are not relevant to their needs, or when an

¹⁵Candyce S. Berger, "Enhancing Social Work Influence in the Hospital: Identifying Sources of Power" Social Work in Health Care 15 (1990): 77-91.

¹⁶Ibid. 91.

¹⁷Ibid. 91.

¹⁸Margot Herbert and Ron Levin, "The Advocacy Role in Hospital Social Work" Social Work in Health Care 22 (1996): 71-83.

organization is not responsive to those needs.¹⁹ A frequently used and very general definition of advocacy is the act of pleading a cause.²⁰ Case Advocacy is work intended to bring about change on behalf of an individual client, family or small group of clients.²¹ An example of case advocacy is a social worker working with a welfare recipient to acquire food stamps, in which, they were wrongly denied. Class Advocacy, on the other hand, is work on behalf of a group of clients who share a common social problem or status.²² When social workers lobby their legislature in favor of a new health screening program for abused children, they are doing class advocacy. Within practice, the distinction between case and class advocacy is more subtle. While advocating for one client, the social worker could be seeking a broad change in policy so future clients with similar problems will be entitled to services.

There is a lack of clarity about the concepts of advocacy and social action, leading to their being used and described as if they were one and the same.²³ Social action activities are, by definition, adversarial, and often have to do with altering the power base

¹⁹G.B. Melton, Child Advocacy: Psychological Issues and Interventions (New York: Plenum Press, 1983).

²⁰M.J. McCormick, "Social Advocacy: A new dimension in social work" Social Casework 51 (1970): 3-11.

²¹B.G. McGowan, "The Case Advocacy Function in Social Work" Child Welfare 57 (1978): 275-284.

²²Mark Ezell, "Administrators as Advocates" Administration in Social Work 15 no. 4 (1991): 1-17.

²³M. Reisch "From Cause to Case and Back Again: The Cause to Case and Back Again: The Reemergence of Advocacy in Social Work" The Urban and Social Change Review 14 (1986): 20-24.

of an organization.²⁴ Advocacy activities, on the other hand, entails a broad range of strategies and techniques that stress cooperative and collaborative approaches and are not necessarily adversarial. This distinction is important because hospital social workers may avoid the advocacy role under the perception that they may be swept into the public forum, and as advocates, be seen to be at odds with their employing organizations. Although illness and hospitalization do not always create the need for social work advocacy for all patients, the reality is that in health care there are many clients who are vulnerable and unable to get their needs met in large, complex systems. Patients who do require social work services may be difficult, non-compliant, socially and medically at-risk, without significant others to serve as their natural advocate.

Community organization is a method of advocacy through which social workers learn political strategies. Skills for influencing governmental programs are seen in two techniques: mobilizing a community through developing community coalitions and developing liaisons with legislatures on local, state and national levels. Building coalitions of citizen groups and/or local agencies is an area of expertise used as a political tool by social workers to gain influence in directing the course involved in governmental services. There are many examples of successful coalitions, particularly in relation to the creation of local programs. One example of the positive effects of building a coalition of local drug agencies and community groups, helped a medical center within the New York area obtain

²⁴Michael Sosin and Sharon Caulum "Advocacy: A Conceptualization for Social Work Practice" Social Work 28 (1983): 12-17

additional local funding for substance abuse programs.²⁵ This was accomplished in a year's time by writing administrators of community-based drug treatment programs and the staff of the medical center. They organized a data gathering effort, which was presented as a report to the local county government and agency responsible for these services to show that a necessary service was not being provided to the target population. Pooling information enabled the coalition to have a strength that could not have been developed by one or two agencies acting alone, even though each agency had data which was valid.²⁶

Another way to advocate for improved governmental programs is for the health disciplines in the health care field to develop interdisciplinary committees. These committees, which may serve as task forces, can develop knowledge in programming ideas for the unmet needs of their patients. By preparing position papers for conferences and seminars, inviting government agency officials to agencies and preparing statements for hearing, momentum for legislative changes in existing programs can be created.²⁷ There are many reasons why patients and their families have difficulty obtaining governmental benefits. Often there is a lack of information or misinformation, which can result in failure to take advantage of programs, which patients and their families qualify.

To assist in advocating social workers have the knowledge and expertise of psychological processes, community resources and legal and financial systems, which give

²⁵Ibid.296.

²⁶Ibid. 296.

²⁷Ibid. 298.

them a greater breadth and depth in problem-solving than other disciplines.²⁸ While others may be available to provide discharge planning, social work can maintain control by delivering a higher quality of service for patients because of their expertise in enabling, advocating and problem solving. By advocating and involvement in marketing hospital services in the community, social workers can provide outreach and liaison services to other agencies and hospitals who need to refer their clients for specialized care. With such activities, social workers can increase the flow of patients to the hospital and strengthen their base of power. The concept is that hospital social workers can use structural sources of power if they can develop direct control or significant influence on the flow of essential resources to their organization.

The Structural Approach to Advocacy

Empowerment of oppressed clients requires the practitioner to act as an advocate and assist clients in changing the dynamics which contribute to self-oppression or the oppression of others. Within the literature, the structural approach to advocacy calls for two interrelated roles on the part of social workers: roles congruent with international justice, human rights and the social work profession's Code of Ethics.

The first role is to explore with clients the sociopolitical and economic forces in their individually experienced difficulties, in order to collectivize rather than personalize and individualize their sources and solutions.²⁹ This role requires practitioners to act as

²⁸Candyce S. Berger, "Enhancing Social Work Influence in the Hospital: Identifying Sources of Power" Social Work in Health Care 15 (1990): 77-89.

²⁹Maurice J. Moreau, "Empowerment through Advocacy and Consciousness-Raising: Implications of a Structural Approach to Social Work" Journal of Sociology and

case and class brokers, as mediators and as advocates for their client's rights. The second role is to change the client's consciousness in order to reverse the process of internalized oppression. The practitioner helps the client recognize and modify any ideas, values, feelings and behavior that contribute to their own oppressive situation. It is the second role that this structural approach differs from Middleman and Goldberg's structural approach to social work. Their assumption is that "clients are seen as adequate people who accurately construe reality."³⁰ It is assumed in this approach that the social order may seriously impair a client's capacities to accurately construe reality.

A structural approach to social work practice assumes that contemporary social, political and economic arrangements in both the East and West are more or less racist, sexist, classist, ageist, handicapist and homophobic.³¹ When working with clients, a social worker is attentive to the economic, ideological and political strikes that may exist then, due to race, ethnicity, sex, class, age, health, religion, marital status and sexual orientation.³² The practitioner explores and tries to understand the possible relationships between the client's health, feelings, ideas and action towards themselves or others, and the extent to which clients are kept inferior and powerless by their social location. A key

Social Welfare 7 (1989): 53-67.

³⁰R. Middleman and G. Goldberg, The Structural Approach to Direct Practice in Social Work (New York: Columbia University Press, 1989).

³¹Maurice J. Moreau, "Empowerment through Advocacy and Consciousness-Raising: Implications of a Structural Approach to Social Work" Journal of Sociology and Social Welfare 7 (1989) 54.

³²*Ibid.* 54.

concern is to prevent clients from unduly scapegoating themselves or others for material situations that are largely out of their personal control, to collectivize rather than individualize their situation, and where possible, to change their material conditions prior to working together on personal change.³³

Because social work is not separate from, but an integral part of the social, political and economic structure, there are institutional limits placed on much of the practice of agency-based social workers.³⁴ The literature suggest that there is a limit to the level and kind of questioning and actions social agencies and their funding bodies will tolerate from within. Some agencies may permit their workers to regroup clients for mutual aid and for creating new needed resources. Few agencies are likely to permit their workers to organize clients against their own practices.

From the structural perspective, work within agencies must be linked to related struggles from social change outside agency walls. Hence, the empowerment of oppressed clients require that a social worker not only act as an advocate with and on their behalf, but also to help clients identify and change the dynamics that enable them to contribute to their own situation and/or oppression and to that of others.

Self Perception and Departmental Support

A study completed by Margot Herbert and Ron Levin asked hospital social workers to describe their roles and functions, with emphasis on the amount of time spent

³³Ibid.54.

³⁴Ibid.57.

doing advocacy on behalf of patients. This case was made to emphasize the advocacy role as a strategy to counteract the potentially negative effects on social work of organizational changes in Canadian hospitals. Questionnaires were distributed to hospital social workers in the four Western Canadian Provinces. One hundred and twelve hospitals were involved in the study and responses were received from 96 different institutions (86%).

Respondents indicated that they devoted most of their time to assessment, followed in order by: counseling, consultation, locating and arranging resources and advocacy.³⁵ This rank order shows clearly that the least amount of time was spent on advocacy. This rank order held true regardless of gender, education, years of experience of the respondent, type of hospital, size or location of hospital, affiliation to a university teaching program, educational requirements within the department, nature of supervision, presence of a designated ombudsman within the hospital, assignment of the worker to a program area, or educational preparation for the advocacy role.³⁶ When respondents were asked if they would like to engage in more advocacy activities, more than two-thirds (68%) said they would like to do so. Of those respondents, 53% said they would like to do more advocacy both internal and external to the hospital. The remainder were divided between wanting to emphasize either internal or external advocacy. Reasons given for not doing more advocacy centered around a perceived lack of knowledge. One social worker commented, "Fifteen or 20 years ago, I was more of an advocate, when I was more

³⁵Margot Herbert and Ron Levin, "The Advocacy Role in Hospital Social Work" Social Work in Health Care 22 (1996): 71-83.

³⁶Ibid. 74.

idealistic and less concerned with the repercussions . I have become more cautious with age and the acquisition of personal responsibilities. I am not proud to admit that organizational needs have taken precedence over client needs.”

Sixty-six percent of the respondents reported that their departments encouraged their involvement in internal advocacy, while 64% reported encouragement for external advocacy.³⁷ There were references to departmental staff meetings as forums of discussion of advocacy needs. Within some settings, there was a planned process of sharing ideas about the effectiveness of various strategies and techniques. Many respondents described departmental encouragement for service-related committee work both inside and outside the hospital.³⁸ When workers indicated comfort and confidence in the advocacy role, frequently they commented on the skills and commitment of a department director or supervisor who was perceived as a good advocate. Where advocacy efforts seemed to be discouraged by the social work department, comments included, “Advocacy is seen as an extra to be done only when casework is completed,” or “Advocacy is not encouraged, and is only allowed when no one in a position of influence is offended.”

Most respondents (56% and 58%, respectively) reported that the hospital’s attitude towards internal and external advocacy was either neutral or discouraging.³⁹ Workers commented that they were being cautioned not to “rock the boat,” and comments about the “rigid hierarchial system” were almost universal. The emphasis on

³⁷Ibid. 78.

³⁸Ibid. 78.

³⁹Ibid. 79.

rapid discharge created problems for many workers, who felt that patients are often discharged before appropriate plans are made, indicating a bureaucracy more concerned with serving its own needs than those of the clients.⁴⁰

Respondents were asked if they ever had an opportunity to learn about advocacy strategies, and if so, how that learning had taken place. One-third of the respondents said that they had never had an opportunity to learn about advocacy.⁴¹ Of those who had an opportunity to learn about advocacy, 13% identified professional education as their source of learning. Sixty-two percent credited professional education along with departmental staff training, learning from others in the work setting and experience in settings other than hospitals.

Twenty years ago Panitch decried the lack of advocacy on the part of social worker graduates, and proposed that there must be "... increased classroom instruction in the concepts, principles, and operating technology of advocacy, and sincere commitment to the principle of advocacy during the student's field instruction."⁴² Advocacy strategies and techniques should also become a more integral part of on-site training and job orientation of hospital social workers. Hospital social work directors can also clarify for hospital management the potential benefits to the organization of the professional use of advocacy strategies by social work staff.

In hospitals today, vulnerable patients who typically constitute the bulk of social

⁴⁰Ibid. 80.

⁴¹Ibid. 80.

⁴²Ibid. 81.

work caseloads are increasingly at risk for not having their needs met in an environment where financial priorities translate into bed reductions, decreases length of stay and an emphasis on quantity rather than quality of care. Now is the time when the advocacy role of hospital social workers need to be encouraged and reinforced. Practitioners within the system fulfilling the advocacy role can provide an essential service to the hospital and health care team, thus expanding their influence and profile within the organization, while providing good service to patients.

Theoretical Framework

Rather than focusing on one problem, such as medical illness, social workers consider the many facets of a person's life that affect health outcomes, including social problems such as poverty, substandard housing, lack of transportation and social isolation.⁴³ Skyrocketing costs, dissatisfaction with quality of care and limited access to services have precipitated a new era of health care reform.⁴⁴ Based on managed care, current reforms and proposals emphasize the importance of determining the appropriate type of care needed by patients, directing them to treatment providers who offer high quality services, and managing health resources in the most cost effective way.⁴⁵

⁴³W.H. Butterfield, "Social Work in Primary Care" The Therapist's Role (Newbury Park, CA: Sage Publications, 1989) 67-80.

⁴⁴Cynthia Cook, Jay Freedman, Lucia Freedman, Rhonda Arick and Mark Miller, "Screening for Social and Environmental Problems in a VA Primary Care Setting" Health and Social Work 21 (1996): 41-47.

⁴⁵R.D. Federa and T.L. Camp, "The Changing Managed Care Market" Journal of Ambulatory Care Management 17 (1994): 1-7.

With all the dynamics in the health care arena, hospital social workers need to have the self perception that they are supported by their departments to advocate fully for their clients. Departmental support is important in analyzing how much support hospital social workers feel that they receive from their departments. In working with the changing health care system and obtaining much needed resources for clients, it is necessary for practitioners to have a supportive system within their department. This support system can better enable practitioners to assist clients and their families in putting their lives in proper order.

The concept of self perception is necessary to examine how social workers feel about the support they receive from their departments. Hospital social workers feeling that they don't receive enough support from their departments may not be as inclined to advocate for clients to the fullest extent. Workers feeling that they receive adequate support may feel more positive towards the concept of advocating.

To conceptualize the relationship between departmental support and self perception on the advocacy role of hospital social workers, it is appropriate to incorporate Systems Theory. Systems theory attempts to understand the group as a system of interacting elements.⁴⁶ Hospital social workers, their departments and the encompassing hospital are involved in the health care system to obtain common goals.

Talcott Parsons, is a leading contributor to understanding groups as social systems. To Parsons, groups are social systems with several interdependent members attempting to

⁴⁶Ronald W. Toseland and Robert F. Rivas, An Introduction To Group Work Practice (Allyn and Bacon, 1995).

maintain order and a stable equilibrium while they function as a unified whole.⁴⁷ Groups are constantly facing changing demands in their attempt to attain goals. Groups must mobilize their resources and act to meet changing demands. According to Parsons, Bales and Shils, there are four major functional tasks for systems such as a group: (1) integration- ensuring that members of groups fit together; (2) adaptation- ensuring that groups change to cope with the demands of the environment; (3) pattern maintenance- ensuring that groups define and sustain their basic purposes, identities and procedures; and (4) goal attainment- ensuring that groups pursue and accomplish their task.⁴⁸ According to Parsons, groups must accomplish these four functional tasks to remain balanced. The work of carrying out these tasks are left to the group's leader and its members.

Although there are other variables that effect hospital social workers advocating fully for clients, self perception and departmental support towards advocacy appear to be critical and associated with the role of advocacy. A social service department within a hospital failing to provide support to its workers can precipitate a serious effect. One must understand that positive self perception of departmental support may relate to hospital social workers advocating for clients.

Research Question and Hypotheses

This study will examine if departmental support and self perception on the advocacy role of hospital social workers influence practitioners in advocating on behalf of

⁴⁷Talcott Parsons, The Social System (New York: The Free Press, 1951).

⁴⁸T. Parsons, R. Bales and E. Shils, Working Papers in the Theory of Action (New York: The Free Press, 1953).

clients. On the basis of the review of literature, the following research hypothesis will be tested :

Hypothesis 1 : There is a statistically significant relationship between hospital social workers advocating and perceived departmental support.

Hypothesis 2: There is a statistically significant relationship between social work experience and advocating.

Hypothesis 3: There is a statistically significant relationship between gender and advocating.

CHAPTER 3

METHODOLOGY

Research Design and Sample

The design used in this study is an anonymous, self-administered survey questionnaire. The social workers selected to complete this survey are employed at the Atlanta Veterans Administration Medical Center, located in Decatur, Georgia. This health care facility offers skilled, immediate and long term levels of care. There are 356 beds within the hospital, 120 beds in the nursing home care unit, outpatient specialty clinics and outreach programs.

Veterans at the Atlanta VA Medical Center receive government assistance, either in the form of Service Connected Disability, Non-Service Connected Pensions, Housebound Assistance or Aid & Attendance. A service connected disability is an injury, illness or disease incurred or aggravated during active duty service in the military. Pensions are received for permanently or totally disabled reasons traceable neither to military service or willful misconduct. Housebound assistance is for veterans substantially confined to the house (ward or clinical areas if hospitalized) or immediate premises due to disability, which is reasonably certain will remain throughout his or her lifetime. Aid & Attendance is sought by veterans in a nursing home, or who are helpless or blind so as to require regular Aid & Attendance of another person. Veterans qualifying for Aid & Attendance have an inability to dress or undress themselves, clean and feed themselves, and protect themselves from everyday hazards.

In conducting this survey, purposive sampling was used. This sampling technique

was decided upon because of the researcher's knowledge of the medical center and which respondents would best meet the purpose of the study. The selection of the medical center was made based upon the social work population, patient population and location.

Data Collection Procedures

A letter explaining the nature of the study and a survey questionnaire was given to the Chief of Social Work at the Atlanta VA Medical Center to gain approval. After approval was granted, the researcher distributed the surveys in the social work employee mailboxes. Data were collected directly from the social workers. Upon completion of the survey, the respondents placed the questionnaires in the researcher's intern mailbox at the medical center.

The independent variables are departmental support, self perception, social work experience and gender. The dependent variable is advocacy role. These variables were measured using a composite measure. The measure of advocacy was adapted from a survey by Mark Ezell, Ph.D. and has already been tested for validity and reliability. It is a twenty item, advocacy scale designed to cover: (1) how hospital social workers advocated on behalf of clients and (2) how much departmental support these social workers feel they receive to advocate for clients.

The instrument was comprised of three sections: (1) Demographics, (2) Self Perception of Advocacy Roles and (3) Self Perception of Departmental Support. Section I provided demographic information needed for analysis. Age was defined as chronological age. Education was defined as the highest level of formal schooling attained.

Marital status was divided into single, married, separated, divorced and widowed. Race was divided into black, white, native American, Asian, Latino and other. Annual salary was divided into \$20,000 to \$50,000 and above. Length of employment at the Atlanta VA Medical Center is under 1 year to 21 years or more. Length of time spent working in the field of social work is under 1 year to 21 years or more. Section II contained items designed to study the self perception of advocacy roles. The answer of Never was given the numeric value of one (1), Occasionally was given the numeric value of two (2) and Frequently was given the numeric value of three (3). Section III contained items designed to study the self perception of departmental support, as well as, questions pertaining to advocacy. The answer of Strongly Agree was given the numeric value of one (1), Agree was given the numeric value of two (2), Disagree was given the numeric value of three (3) and Strongly Disagree was given the numeric value of four (4).

Data Analysis

The data analysis procedure used to analyze the data was the Chi-square. The Chi-square was used to compare the statistical significance between departmental support, gender and social work experience to advocating. The probability level selected was .05 to examine the relationship between the variables.

CHAPTER 4

PRESENTATION OF RESULTS

The purpose of this study is to examine the effects of departmental support and self perception on the advocacy role of hospital social workers. Data were collected from twenty six hospital social workers. Nine respondents were male and seventeen were female. Four were between the ages of twenty to twenty nine, four were between the ages of thirty to thirty nine, twelve were between the ages of forty to forty nine, five were between the ages of fifty to fifty nine and one respondent was in the age range of sixty and over. Twelve of the respondents were black, twelve were white and one was Native American. The highest level of education obtained for all twenty six respondents was a Master's Degree in Social Work. Five respondents have an annual salary between \$30,000-34,000, one between \$35,000-39,000, six between \$ 40,000-44,000, seven between \$45,000-49,000 and six are between \$50,000 and over. One respondent has been employed at the VA Medical Center under one year, eight were between one and five years, five were between six and ten years, five were between eleven and twenty years and six were between twenty years or more. One respondent spent under one year working in the field of social work, seven respondents were between one and five years, four were between six and ten years, four were between eleven and twenty years and nine were between twenty one years or more.

Three hypothesis were proposed in this study. The first hypothesis stated that there is a statistically significant relationship between hospital social workers advocating and

perceived departmental support. The second hypothesis stated there is a statistically significant relationship between gender and advocating. The third hypothesis stated there is a statistically significant relationship between gender and advocating. The measure of analysis used to determine the statistical significance of the hypotheses is the Chi-square. This statistical test was used to test the association between the variables within the hypothesis. The .05 probability level was selected to accept or reject the hypotheses.

Table 1 displays the results from hypothesis one and indicates no significant relationship between perceive departmental support and hospital social workers advocating. The Pearson value is $\chi^2 = 5.03$, which indicates there is no statistically significant relationship between the two variables.

Table 1
Results of Departmental Support
and the Average Time Per Week Devoted to Advocacy

<u>Departmental Support</u>	None	<u>Time Advocating</u> Less than 5 hours	5 to 10 hours	11 hours or more
Strongly Agree	0 (.00%)	2 (.08%)	3 (.12%)	2 (.08%)
Agree	0 (.00%)	6 (.24%)	5 (.20%)	3 (.12%)
Disagree	<u>1 (.04%)</u>	<u>2 (.08%)</u>	<u>1 (.04%)</u>	<u>1 (.04%)</u>
Total	1	10	9	6

$\chi^2 = 5.03$

Table 2 displays the results from hypothesis 2 and indicates no significant relationship between social work experience and advocating. The Pearson value is $\chi^2 = 11.75$, which indicates there is no statistically significant relationship between the two variables.

Table 2
Results of Social Work Experience
and the Average Time Per Week Devoted to Advocacy

<u>Work in the field of social work</u>	<u>Time Advocating</u>			
	None	Less than 5 hours	5 to 10 hours	11 hours or more
Under 1 year	0 (.00%)	1 (.04%)	0 (.00%)	0 (.00%)
1-5 years	0 (.00%)	2 (.08%)	4 (.16%)	1 (.04%)
6-10 years	0 (.00%)	2 (.08%)	0 (.00%)	2 (.04%)
11-20 years	0 (.00%)	2 (.08%)	2 (.08%)	0 (.00%)
21 years or more	<u>1 (.04%)</u>	<u>3 (.12%)</u>	<u>2 (.08%)</u>	<u>3 (.12%)</u>
Total	1	10	9	6

$\chi^2 = 11.75$

Table 3 displays the results from hypothesis three and indicates no significant relationship between gender and advocating. The Pearson value is $\chi^2 = 1.01$, which indicates there is no statistically significant relationship between the two variables.

Table 3
Results of Gender
and the Average Time Per Week Devoted to Advocacy

<u>Sex</u>	<u>Time Advocating</u>			
	None	Less than 5 hours	5 to 10 hours	11 hours or more
Male	0 (.00%)	3 (.12%)	4 (.16%)	2 (.08%)
Female	<u>1 (.04%)</u>	<u>7 (.28%)</u>	<u>5 (.20%)</u>	<u>4 (.16%)</u>
Total	1	10	9	6

$\chi^2 = 1.01$

CHAPTER 5

DISCUSSIONS AND IMPLICATIONS

This study examined the effects of departmental support and self perception on the advocacy role of hospital social workers. A major finding of this study was that the hospital social workers surveyed, don't advocate enough even though they feel supported by their department. This was contrary to the researcher's prediction that departmental support will increase hospital social workers advocating for their clients. Most of the respondents feel they argue for improved services for clients, and participate in teaching advocacy skills to clients, as well as educating clients on their rights. Eighty four percent of the respondents feel encouraged by their department to advocate, but they don't devote much time per week putting advocacy into practice. The respondents felt they should advocate more, even though they feel there aren't enough social work services available for clients. With these outcomes, it is appropriate for the supervisors of hospital social services to receive quality feedback from their social workers to find out what things can assist in their advocating more effectively for clients. In this regard, these findings can bring about change. It is no longer reasonable therefore, to perceive social administrators as those responsible for constraining change efforts, but as those who play a large role in facilitating change.¹

Conclusions can be drawn on why hospital social workers may not advocate for clients to the fullest extent. As Kutchins and Kutchins suggest, these social workers may

¹Mark Ezell, "Administrators as Advocates" Administration in Social Work 15 (1991): 1-17.

not know how to advocate. Before social workers enter the work arena, as students they may need to be taught more practical advocacy skills in the classroom. This process in combination with a student's field placement can be valuable in setting the foundation for advocating. It is clear that schools of social work, organizations that employ social workers, and professional associations may need to assign greater priority to the advocacy role, so that the techniques and strategies of this role will become part of the repertoire of every social worker.²

Hospital social workers may not advocate due to low salaries. With all the problem solving and mediating, the feeling may be that they aren't paid enough to go "above and beyond" the call of duty. An increase in salary may influence social workers to advocate more on behalf of clients.

As Sosin and Caulum suggest, hospital social workers may not want to "make waves" within their organizations, for the fear of making other colleagues and/or supervisors look bad. They may also feel that they are looked at as someone who causes disruptions within their agency and this may not be admirable with others in the same department. Once the social worker learns about the culture of the setting, she is in a better position to speak in her own voice.³ At such a juncture the social worker may be more forthright in promoting his or her ideals and working toward institutional change.⁴

²Margot Herbert and Ron Levin, "The Advocacy Role in Hospital Social Work" Social Work in Health Care 22 (1996): 71-83.

³Robert G. Sands, "The Social Worker Joins the Team: A Look at the Socialization Process" Social Work in Health Care 14 no.2 (1989): 1-13.

⁴Ibid. 13.

As a pro-active social worker, she or he has the potential of socializing students and new employees of diverse disciplines in interdisciplinary collaboration and other valued practices.⁵

A second finding of this study was that there was no statistically significant difference between length of time working in the field of social work and advocating. Although not significantly significant, the study was meaningful in showing that hospital social workers who have been working in the field of social work for 1-5 years and 21 years or more have a tendency to advocate more during the week than those respondents who have been working in the field under one year, 6-10 years and 11-20 years. Although additional research is warranted, this meaningful find may suggest different conclusions.

The social workers that don't spend much time advocating, may experience burnout more so than others. Social workers new to the field, may also be idealistic in their advocacy approach and may be more inclined to do more advocating. Another conclusion that may be drawn, is that some workers may have lost some of their work morale, and may not feel as enlightened as maybe they once did. With this in mind, an agency or department can help a worker's morale to assist them in doing the best job possible.

A third finding of this study was that there was no statistically significant difference between gender and advocating. This study was not significant, but it was meaningful in showing that females advocate more so than males.

An implication of this study for social work would be for departmental supervisors

⁵Ibid.13.

to develop survey tools for their agency to assess how their workers feel about their work environment and advocating for clients. These factors have the ability to help show the supervisor ways to influence the social worker to provide better quality of services. Neglect in this area could have consequences for the clients of social workers, as well as, the agency as a whole.

On the macro level, social workers must support legislation and policies that will regulate resources for clients while in the medical setting. Social workers can also assist in educating and training colleagues on how to be more effective advocates.

For the purpose of research, it is necessary that a more effective tool be developed to test social worker's departmental support and self perception. More research should also be done to examine the various ways social workers advocate for their clients. A greater understanding will possibly reveal the relationship between social workers advocating and perceived departmental support.

A limitation of the study was that the sample size was small, therefore the extent to which the researcher can infer findings is limited. Future research in this area of social work should incorporate a larger sample size.

In summary, this study found there was no significant relationship between departmental support and self perception on the advocacy role of hospital social workers. The findings of this study suggest that even though hospital social workers have departmental support, it doesn't influence their advocating for clients. Social workers, as a whole may want to take a more active role in advocating fully for clients. Our future as a profession may depend on our ability to articulate the valuable and unique contribution

which we can make to these organizations, and to proceed with that job with skill and confidence.⁶

⁶Margot Herbert and Ron Levin, "The Advocacy Role in Hospital Social Work" Social Work in Health Care 22 no.3 (1996): 71-83.

APPENDIX 1

LETTER TO HOSPITAL SOCIAL WORKERS

Dear Atlanta VA Social Workers,

This questionnaire attempts to measure your perception about how you advocate on behalf of your clients and how much departmental support you feel you receive to advocate for clients. The results of these findings will be published in a thesis submitted to the faculty of Clark Atlanta University. The survey is being conducted with the approval of Richard Lloyd; Atlanta VA, Chief of Social Work.

Your participation is critical to the success of this study. Since each unreturned questionnaire reduces the generalizability of the study, your response is needed. This is not a test. There are no right or wrong answers. Your responses are completely anonymous.

Please place the completed questionnaire in my social work mailbox no later than February 12, 1997. If you have any questions, please contact me at Ext. 4823. Thank you for your participation and support.

Sincerely,

Chinita Whitaker,

Social Work Intern

APPENDIX 2

QUESTIONNAIRE ON SELF PERCEPTION,
DEPARTMENTAL SUPPORT AND ADVOCACY

Section One. Directions: Please check only one answer for each section.

- | | |
|--|---|
| <p>1. Sex: Male ()
Female ()</p> | <p>6. Annual Salary: \$20,000-24,999 ()
\$25,000-29,999 ()
\$30,000-34,999 ()
\$35,000-39,999 ()
\$40,000-44,999 ()
\$45,000-49,999 ()
\$50,000+ ()</p> |
| <p>2. Age: 20-29 ()
30-39 ()
40-49 ()
50-59 ()
60 & over ()</p> | |
| <p>3. Marital Status: Single ()
Married ()
Separated ()
Divorced ()
Widowed ()</p> | <p>7. Length of Employment at the
Atlanta VA Medical Center:
Under 1 year ()
1 to 5 years ()
6 to 10 years ()
11 to 20 years ()
21 years or more ()</p> |
| <p>4. Race : Black ()
White ()
Native American ()
Latino ()
Other _____</p> | <p>8. Length of time spent working in
the field of social work:
Under 1 year ()
1 to 5 years ()
6 to 10 years ()
11 to 20 years ()
21 years or more ()</p> |
| <p>5. Highest Level of Education :
Bachelor's Degree: In Social Work ()
Another Major _____
Master's Degree: In Social Work ()
Another Major _____
Doctoral Degree: In Social Work ()
Another Major _____</p> | |

Section Two. Directions: Please answer each item accurately by circling the appropriate number.

1=Never

2=Occasionally

3=Frequently

1. I assist in organizing or maintaining coalitions that are beneficial to clients. 1 2 3
2. I negotiate with Administrative Agencies on behalf of clients. 1 2 3
3. I participate in giving testimony to decision makers on behalf of clients. 1 2 3
4. I educate clients on issues that pertain to them. 1 2 3
5. I conduct research on issues that pertain to clients. 1 2 3
6. I teach advocacy skills to clients. 1 2 3
7. I represent clients in Administrative Hearings. 1 2 3
8. I educate clients on their rights. 1 2 3
9. I argue for improved services in my agency. 1 2 3
10. The average time per week I devote to advocacy is: None ()
Less than 5 hours ()
5 to 10 hours ()
11 hours or more ()

Section Three. Directions: Please answer each item accurately by circling the appropriate number.

1=Strongly Agree

2=Agree

3=Disagree

4=Strongly Disagree

1. Advocacy is part of my official duties. 1 2 3 4
2. I should advocate more on behalf of clients. 1 2 3 4
3. There are enough social work services available for clients. 1 2 3 4
4. I have enough time to advocate to the fullest extent for my clients. 1 2 3 4
5. Advocacy should be a part of my official duties. 1 2 3 4
6. I'm encouraged by my department to advocate to the fullest extent for my client. 1 2
3 4
7. There's a cohesiveness between my departmental supervisors and the practitioners. 1 2
3 4
8. I feel limited in advocating for clients. 1 2 3 4
9. If I advocated for my client politically; I will be labeled a "trouble maker" by my
department. 1 2 3 4
10. Overall, I am satisfied with my department and how we represent clients. 1 2
3 4

BIBLIOGRAPHY

- Berger, Candyce S. "Enhancing Social Work Influences in the Hospital: Identifying Sources of Power." Social Work in Health Care 15 (December 1990): 77-89.
- Bergman, A.S., N. Contro and N. Zivetz. "Clinical Social Work in a Medical Setting." Social Work in Health Care 9 (1984): 1-12.
- Butterfield, W.H. "Social Work in Primary Care." The Therapist's Role. Newbury Park, CA: Sage Publications, 1989.
- Caroff, Phyllis. "Clinical Social Work: Present Role and Future Challenge." Social Work in Health Care 13 (1988): 21-33.
- Carrigan, Z.H. "Social Workers in Medical Settings: Who Defines Us?" Social Work in Health Care 4 (1978): 149-163.
- Coulton, C.J. "Person-Environment fits as the focus in Health Care ." Social Work 26 (1981): 26-35.
- Cuzzi, Lawrence, Gary Holden, Gail Green Grob and Carolyn Bazer. "Decision Making in Social Work: A Review." Social Work in Health Care 18 no. 2 (1993): 1-19.
- Cook, Cynthia, Jay Freeman, Lucia Freedman, Rhonda Arick and Mack Miller. "Screening for Social and Environmental Problems in a VA Primary Care Setting." Health and Social Work 21 (1996): 41-47.
- Cowles, Lois Anne and Myron J. Lefcowitz. "Interdisciplinary Expectations of the Medical Worker in the Hospital Setting." Health and Social Work 17 (1992): 57-64.
- Ezell, Mark. "Administrators as Advocates." Administration in Social Work 15 no.4 (1991).
- Federa, R. D. And T.L. Camp. "The Changing Managed Care Market." Journal of Ambulatory Care Management 17 (1994).
- Herbert, Margot and Ron Levin. "The Advocacy Role in Hospital Social Work." Social Work in Health Care 22 (1996): 71-83.
- Lucie, Abraham. "The Social Work Advocacy Role in Discharge Planning." Social Work Administration in Health Care 5 (1980): 293-303.

- McCormick, M.J. "Social Advocacy: A New Dimension in Social Work." Social Casework 15 (1971): 3-11.
- McGowan, B.G. "The Case Advocacy Function in Social Work." Child Welfare 57 (1978): 275-284.
- Melton, G.B. Child Advocacy: Psychological Issues and Interventions. New York: Plenum Press, 1983.
- Middleman, R. and G. Goldberg. The Structural Approach to Direct Policy in Social Work Practice. New York: Columbia Press, 1989.
- Moreau, Maurice J. "Empowerment through Advocacy and Consciousness-Raising: Implications of a Structural Approach to Social Work." Journal of Sociology and Social Welfare 7 (1989): 53-67.
- Parsons, Talcott. The Social System. New York: The Free Press, 1951.
- Parsons, T. R. Bales and E. Shils. Working Papers in the Theory of Action. New York: The Free Press, 1953.
- Reisch, M. "From Cause to Case and Back Again: The Cause to Case and Back Again: The Reemergence of Advocacy in Social Work." The Urban and Social Change Review 14 (1986): 20-24.
- Sands, Robert G. "The Social Worker Joins the Team: A Look at the Socialization Process." Social Work in Health Care. 14 no.2 (1989): 1-13.
- Shelvin, Kathleen M. "Why A Social Service Department In A Hospital?" Hospital Social Work Practice (1983): 1-13.
- Sosin, Michael and Sharon Caulum. "Advocacy: A Conceptualization for Social Work ." Social Work in Health Care (1983): 12-17.
- Wilson, Paul A. "Expanding the Role of Social Workers in Coordination of Health Services." Social Work Administration in Health Care (1978):281-291.